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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No.    | 241002000100                                     |
|   | First Inventor         | Donald EATON                                     |
|   | Title                  | SINUS DELIVERY OF SUSTAINED RELEASE THERAPEUTICS |
|   | Express Mail Label No. | EV 332781173 US                                  |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (2 pages)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>27</b> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b> ]<br>5. Oath or Declaration [Total Sheets <b>1</b> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 (5 Citations<br>pages)<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: |
|--|---|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 19. CORRESPONDENCE ADDRESS

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| Name (Print/Type) | Lisa A. Amii | Registration No. (Attorney/Agent) | 48,199         |
| Signature         |              | Date                              | March 12, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 332781173 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 3/12/04 Signature: Tia Zimmerman (Tia B. Zimmerman)

| FEE TRANSMITTAL<br>for FY 2004  |  |      |  | Complete if Known    |                       |
|---|--|------|--|----------------------|-----------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision.                         |  |      |  | Application Number   | Not Yet Assigned      |
|   |  |      |  | Filing Date          | Concurrently Herewith |
|   |  |      |  | First Named Inventor | Donald EATON          |
|   |  |      |  | Examiner Name        | Not Yet Assigned      |
|   |  |      |  | Art Unit             | Not Yet Assigned      |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |      |  | Attorney Docket No.  | 241002000100          |
| TOTAL AMOUNT OF PAYMENT   |  | (\$) |  | 939.00               |                       |

  

| METHOD OF PAYMENT (check all that apply)   |   |              |   | FEE CALCULATION (continued)  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
|--|---|--------------|---|--|--|--------------|---|-------------------------------------|---|--------------|---|--------------------|--|----------|--|----------|--|--------------------|--|--------------------|-----|-------------------------------------|-----|-------------------|--|------|---|--|-----|------------------|-----|-----------------|----------|---------------------------|----------|--------------------|----------|------|-------|--|----|------------------------|------|------|------|--|----|-----------------------------------|--------|------|--------|---|-----|---------------------------------------|-----|------|----|--|----|--|-----|------|-----|---|---|--|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |   |              |   | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |  |              |   | Large Entity                        |   | Small Entity |   | Fee Description    | Fee Paid   | Fee Code | Fee (\$)   | Fee Code | Fee (\$)   | 1051               | 130  | 2051               | 65  | Surcharge - late filing fee or oath |     | 1052              | 50   | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 1053             | 130 | 1053            | 130      | Non-English specification |          | 1812               | 2,520    | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804                   | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |    | 1805                              | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |     | 1251                                  | 110 | 2251 | 55 | Extension for reply within first month |    | 1252   | 420 | 2252 | 210 | Extension for reply within second month |   | 1253   | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |   | Small Entity |   |  |  |              |   | Fee Description                     | Fee Paid  |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)  |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130   | 2051         | 65  |  |  |              |   | Surcharge - late filing fee or oath |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50  | 2052         | 25  | Surcharge - late provisional filing fee or cover sheet   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130   | 1053         | 130   | Non-English specification  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520   | 1812         | 2,520   | For filing a request for <i>ex parte</i> reexamination   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*  | 1804         | 920*  | Requesting publication of SIR prior to Examiner action   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*  | 1805         | 1,840*  | Requesting publication of SIR after Examiner action  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110   | 2251         | 55  | Extension for reply within first month   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 420   | 2252         | 210   | Extension for reply within second month  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 950   | 2253         | 475   | Extension for reply within third month   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,480   | 2254         | 740   | Extension for reply within fourth month  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,010   | 2255         | 1,005   | Extension for reply within fifth month   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 330   | 2401         | 165   | Notice of Appeal   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 330   | 2402         | 165   | Filing a brief in support of an appeal   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 290   | 2403         | 145   | Request for oral hearing   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510   | 1451         | 1,510   | Petition to institute a public use proceeding  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110   | 2452         | 55  | Petition to revive - unavoidable   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,330   | 2453         | 665   | Petition to revive - unintentional   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,330   | 2501         | 665   | Utility issue fee (or reissue)   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 480   | 2502         | 240   | Design issue fee   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 640   | 2503         | 320   | Plant issue fee  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130   | 1460         | 130   | Petitions to the Commissioner  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50  | 1807         | 50  | Processing fee under 37 CFR 1.17(q)  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806   | 180   | 1806         | 180   | Submission of Information Disclosure Stmt  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40  | 8021         | 40  | Recording each patent assignment per property (times number of properties)   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 770   | 2809         | 385   | Filing a submission after final rejection (37 CFR 1.129(a))  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 770   | 2810         | 385   | For each additional invention to be examined (37CFR 1.129(b))  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 770   | 2801         | 385   | Request for Continued Examination (RCE)  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900   | 1802         | 900   | Request for expedited examination of a design application  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1952</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Morrison &amp; Foerster LLP</span>   |   |              |   |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |   |              |   |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| FEE CALCULATION  |   |              |   |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>385.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (1) (\$)</p>  |   |              |   | Large Entity   |  | Small Entity |   | Fee Description                     | Fee Paid  | Fee Code     | Fee (\$)  | Fee Code           | Fee (\$)   | 1001     | 770  | 2001     | 385  | Utility filing fee | 385.00   | 1002               | 340 | 2002                                | 170 | Design filing fee |  | 1003 | 530   | 2003   | 265 | Plant filing fee |     | 1004            | 770      | 2004                      | 385      | Reissue filing fee |          | 1005 | 160   | 2005   | 80 | Provisional filing fee |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |   | Small Entity |   | Fee Description  | Fee Paid   |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)  |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 770   | 2001         | 385   | Utility filing fee   | 385.00   |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 340   | 2002         | 170   | Design filing fee  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 530   | 2003         | 265   | Plant filing fee   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 770   | 2004         | 385   | Reissue filing fee   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160   | 2005         | 80  | Provisional filing fee   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td>Total Claims</td> <td><span style="border: 1px solid black; padding: 0 10px;">72</span></td> <td>-20** =</td> <td><span style="border: 1px solid black; padding: 0 10px;">52</span></td> <td>x</td> <td><span style="border: 1px solid black; padding: 0 10px;">9.00</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">468.00</span></td> </tr> <tr> <td>Independent Claims</td> <td><span style="border: 1px solid black; padding: 0 10px;">5</span></td> <td>-3** =</td> <td><span style="border: 1px solid black; padding: 0 10px;">2</span></td> <td>x</td> <td><span style="border: 1px solid black; padding: 0 10px;">43.00</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">86.00</span></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td><span style="border: 1px solid black; padding: 0 10px;">145</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 0 10px;">0.00</span></td> </tr> </table><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">SUBTOTAL (2) (\$)</p> |   |              |   | Total Claims   | <span style="border: 1px solid black; padding: 0 10px;">72</span>    | -20** =      | <span style="border: 1px solid black; padding: 0 10px;">52</span>     | x                                   | <span style="border: 1px solid black; padding: 0 10px;">9.00</span> | =            | <span style="border: 1px solid black; padding: 0 10px;">468.00</span> | Independent Claims | <span style="border: 1px solid black; padding: 0 10px;">5</span> | -3** =   | <span style="border: 1px solid black; padding: 0 10px;">2</span> | x        | <span style="border: 1px solid black; padding: 0 10px;">43.00</span> | =                  | <span style="border: 1px solid black; padding: 0 10px;">86.00</span> | Multiple Dependent |     |                                     |     |                   | <span style="border: 1px solid black; padding: 0 10px;">145</span> | =    | <span style="border: 1px solid black; padding: 0 10px;">0.00</span> | Large Entity   |     | Small Entity     |     | Fee Description | Fee Paid | Fee Code                  | Fee (\$) | Fee Code           | Fee (\$) | 1202 | 18    | 2202   | 9  | Claims in excess of 20 |      | 1201 | 86   | 2201   | 43 | Independent claims in excess of 3 |        | 1203 | 290    | 2203  | 145 | Multiple dependent claim, if not paid |     | 1204 | 86 | 2204                                   | 43 | ** Reissue independent claims over original patent |     | 1205 | 18  | 2205                                    | 9 | ** Reissue claims in excess of 20 and over original patent |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   | <span style="border: 1px solid black; padding: 0 10px;">72</span> | -20** =      | <span style="border: 1px solid black; padding: 0 10px;">52</span> | x  | <span style="border: 1px solid black; padding: 0 10px;">9.00</span>  | =            | <span style="border: 1px solid black; padding: 0 10px;">468.00</span> |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims   | <span style="border: 1px solid black; padding: 0 10px;">5</span>  | -3** =       | <span style="border: 1px solid black; padding: 0 10px;">2</span>  | x  | <span style="border: 1px solid black; padding: 0 10px;">43.00</span> | =            | <span style="border: 1px solid black; padding: 0 10px;">86.00</span>  |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |   |              |   |  | <span style="border: 1px solid black; padding: 0 10px;">145</span>   | =            | <span style="border: 1px solid black; padding: 0 10px;">0.00</span>   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |   | Small Entity |   | Fee Description  | Fee Paid   |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$)  |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202   | 18  | 2202         | 9   | Claims in excess of 20   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201   | 86  | 2201         | 43  | Independent claims in excess of 3  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203   | 290   | 2203         | 145   | Multiple dependent claim, if not paid  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204   | 86  | 2204         | 43  | ** Reissue independent claims over original patent   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205   | 18  | 2205         | 9   | ** Reissue claims in excess of 20 and over original patent   |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |   |              |   |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Other fee (specify) _____<br>*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3) (\$)</b> 0.00   |   |              |   |  |  |              |   |                                     |   |              |   |                    |  |          |  |          |  |                    |  |                    |     |                                     |     |                   |  |      |   |  |     |                  |     |                 |          |                           |          |                    |          |      |       |  |    |                        |      |      |      |  |    |                                   |        |      |        |   |     |                                       |     |      |    |  |    |  |     |      |     |   |   |  |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |

  

| SUBMITTED BY      |              | (Complete if applicable)          |                |
|-------------------|--------------|-----------------------------------|----------------|
| Name (Print/Type) | Lisa A. Amii | Registration No. (Attorney/Agent) | 48,199         |
| Signature         |              | Telephone                         | (650) 813-5600 |
|                   |              | Date                              | March 12, 2004 |